

**STATEMENT OF UNDERSTANDING
FOR PERSONS HAVING DEPENDENTS IN THE CUSTODY OF ANOTHER**

For use of this form, see AR 601-210, the proponent agency is DCSPER

"I, _____, am the parent of _____

_____ and certify that the child(*ren*) has (*have*) previously been placed and is(*are*) in the custody of the other parent or another adult by court order. I further certify the custody agreement was and is intended to remain in full force and effect during the term for which I am now enlisting. I understand that if I regain custody of this (*these*) child(*ren*), either by court decree, or in accordance with applicable state law, or if the child(*ren*) is (*are*) residing with me in lieu of the legal custodian, I will be processed for involuntary separation for fraudulent entry unless I can show that the regaining custody is not contrary to the above stated intent; (*e.g. death or incapacity of other parent or custodian*)."

-WARNING-

READ CAREFULLY

I HEREBY CERTIFY THAT NO PERSON, AGENCY OR MEMBER OF THE ARMY, TO INCLUDE MY RECRUITER OR GUIDANCE COUNSELOR HAS REQUIRED ME TO GIVE UP CUSTODY OF MY CHILD(*REN*) AS A CONDITION FOR ENLISTMENT. I UNDERSTAND THAT THE ARMY MERELY RECOGNIZES THAT SOME PERSONS FOR PERSONAL REASONS MAY HAVE RELINQUISHED CUSTODY OF THEIR CHILD OR CHILDREN.

I FURTHER STATE THAT NO PERSON, AGENCY OR MEMBER OF THE ARMY HAS ADVISED ME THAT I WILL BE ALLOWED TO REGAIN CUSTODY OF MY CHILD(*REN*) WHILE IN THE ARMY, NOR HAS GIVEN ME ANY PERCEPTION OR ASSURANCE THAT THE POLICY AS STATED ABOVE IS WAIVEABLE OR NOT UPHELD ONCE ENLISTED.

AUTHENTICATION

SIGNATURE OF GUIDANCE COUNSELOR	SIGNATURE OF APPLICANT	DATE
TYPED NAME, GRADE AND SSN OF COUNSELOR	TYPED NAME, SSN OF APPLICANT	DATE